



# SCHOOL DISTRICT NO. 48

◆ Squamish ◆ Whistler ◆ Pemberton

## PERMISSION FOR RELEASE OF INFORMATION

I \_\_\_\_\_  
(Student Name)

whose birth date is \_\_\_\_\_

hereby authorize School District No. 48 (Sea to Sky) to provide information to, or receive information from:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

for the following purpose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)